Stanbridge reference from Cancer Epidemiology, Biomarkers & Prevention, Vol. 5, 549-559 (July, 1996). As was pointed out by applicant, whereas the 1996 reference refers to MN antigen expression as an adjunct to cytological diagnosis of AGUS, it does not describe a diagnosis of LSIL based on the absence of MN antigen on atypical cells and the presence of MN antigen on normal endocervical cells when observing atypical glandular cells of undetermined significance (AGUS). Rather, what is described in the abstract and in the paragraph referenced by the Examiner (second column, page 551) is only MN expression in pap smears with a cytological diagnoses of SIL and AIS (see the heading in first column on page 551). Thus, the reference refers to LSIL only in conjunction with pap smears cells that have a <u>determined</u> significance; the present invention is directed to cells that have an <u>undetermined</u> significance. Whatever relevance the observation of MN positivity had with respect to pap smears diagnosed as SIL or AIS, there is nothing in Laio et al., or in any other reference that would suggest the high degree of diagnostic accuracy obtained by the invention when one observes MN expression in pap smears classified as atypical glandular cells of undetermined significance. Applicants submit that without the foreknowledge obtained from their own specification, one would not have any understanding as to the significance of MN antigen observation in pap smear cells of undetermined significance.

Applicants are submitting an Information Disclosure Statement. None of the references are any closer than the Laio et al. paper already cited.

Applicants believe that the claims are in condition for allowance and respectfully solicits a Notice of Allowance.

Please charge the extension fee in the amount of \$460.00 to Deposit Account No. 50-0337. Please charge any additional fees or credit overpayment to Deposit Account No. 50-0337. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

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